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THE CHIRONIAN.

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THE CHIRONIAN will be sent until ordered discontinued.

PROFESSOR HELMUTH'S Sunday lecture to the students and their friends will be given on February 19th, at 4 P. M.

It is a feature of the College which is viewed with increasing interest each year.

FROM the outburst which followed our remarks on the effect of ill-odored anecdotes in the lecture room, we are all inclined to think the dose acted somewhat as a purgative. Hahnemann says that the true indication of having hit the right remedy in a given case is, that an aggravation follows. We trust it is so in this case.

A LARGE number of ladies, prominent in this city, have entered with much enthusiasm into arrangements for a grand fair, to be held in aid of the New Homœopathic Medical College and Free Hospital Fund.

Through the generosity of Mr. John D. Rockfeller, Mr. R. P. Flower, Mr. David Dows, and others, enough money has been donated to enable a Committee, appointed by the Trustees and Faculty for that purpose, to purchase a plot of ground on the Eastern Boulevard, with a frontage of 200 feet. It extends from Sixty-third to Sixty-fourth streets, which, with the depth of the lots, will admit of the erection of large buildings for college and hospital purposes.

The Fair will be located in the New Armory of the Second Battery, beginning Easter Monday, April 2d, and lasting for one week. It promises to be a success in every way, and it is to be hoped that the efforts of these ladies will receive the support which the object they have in view so manifestly deserves.

WE would like to say a few words about the indorsing of diplomas from other colleges: it is, we think, a matter that should deserve more thought than mere courtesy. The competency of the applicant—especially if he be a recent graduate—should be strictly inquired into; it should be inquired into as nearly as possible whether or no he be sufficiently well-informed to be intrusted with the health of the community.

For instance, here is a man who comes to this College and fails to pass the Preliminary Examination required, but attends irregularly for about four months pending a second examination in which he fails. Then he goes to a Western school of medicine for about a year, possibly less, certainly not more. Returns to this city and issues a card as follows:

A. B. C———, M.D.
Office hours, Address,
—— ——,
—— ——,
New York.
Private Dispensary.....Consultation Free.

Should the Faculty of this College indorse his diploma? Certainly not. Such a man would hardly be admitted to the County Society.

Continuation of the Lectures on Mercury.

BY PROF. T. F. ALLEN. PART 2, SYMPTOMOLOGY.

(Stenographic Report.)

IN our previous lecture we considered the general effects of mercury, especially the toxicological, and briefly compared them with the symptoms of syphilis and some other diseases. To-day we shall enter more critically into the consideration of the pure symptomology of the drug, and endeavor to deduce therefrom indications for its use in our practice, and in considering the symptoms of mercury as well as those of other drugs, we shall endeavor to emphasize only those which are more important or characteristic of the drug. It is obviously impossible, in the time allotted to our course of lectures, to give you the whole symptomology or a critical examination of symptoms, or even most of the symptoms. We can only select those which seem to us most useful.

In speaking of Mercurius sol, we also include Mercurius viv ; the symptoms of the two cannot be separated in practice, and I myself have found no difference in their use ; on the whole, I prefer to use Mercurius viv.; it seems more sure in its effects than Mercurius sol, just as the triturations of the pure alkaloids are, as a rule, better than any solution of its salts, or preparation of the pure metal better than those of its combinations.

There are but few characteristic mental symptoms of mercury, which will detain us for a moment. The most generally useful mental symptom is that of depression of spirits, a tendency to fear that he is not going to get well. You will often notice this condition of mind with diarrhœa or in low types of fever indicating mercury. Mercury patients are generally weak and wretched, irritable as well as apprehensive; they are apt to be mistrustful and morose; but I wish to call your attention to the fact that you will nowhere find in mercury any similarity to the mental state of the syphilitic individual; the state most natural to that disease is, "the patient wants to commit suicide," but a condition of this sort you will find rather in aurum than in mercury ; and when syphilitic patients present this symptom, they will require not the mercurials but some preparation of gold. You will find in your *Materia Medicas*, strongly emphasized, "hurried and rapid talking ;" do not place too much reliance upon this symptom. I would almost say, put it in parenthesis; I do not remember ever noticing it in a patient requiring mercury ; still it may possibly occur ; of course, in low types of fever, presenting symptoms of this sort, you will think of stramonium rather than mercury.

The headache of mercury may be dismissed with a word, at least as far as your notes are concerned. There is constriction, the head feels bound tightly. My experience is that mercury patients complain very little of the head. But this symptom of a tight band about the head will remind you of the iodide, and you will find the symptom recurring in the iodide of mercury, especially in the red iodide, and, indeed, both the iodides have more headache than mercurius viv. ; however, the symptom, "the whole external head is painful to touch," is a very important one and serves to draw attention to mercury in various eruptions of the scalp, rather, I think, than in inflammation of the periosteum, though I believe mercury may be indicated sometimes in periostitis. Falling of the hair, which occurs in the symptomology of mercury, should not lead you to prescribe the drug when only that symptom is present ; in the falling of the hair of syphilitics no remedy is better than aurum, next to that stands nitric acid. The eruptions of the scalp belonging to mercury are always moist in character, as, indeed, are all the eruptions of mercury. The scalp and the skin generally bleeds easily and is sore. All the eruptions tend to ulcerate and the ulcers tend to spread rapidly.

In the symptoms of the eye, those which are most important are, first, "a discharge which was muco-purulent in character, causing soreness of lids and ulceration;" second, "great sensitiveness and soreness of eyes to touch, with heat and burning," and thirdly, "intolerance of the eye to firelight with dimness of vision." We

find, clinically speaking, that mercury is indicated in a variety of catarrhal diseases, and in superficial ulcerations affecting the conjunctiva and cornea; in all of these the characteristics for mercury are excoriating discharges of a muco-purulent character and nocturnal aggravation. The ulcerations of mercury, in the eye, as everywhere else, present the character of rapid superficial spreading, in great contrast to those of kali bich, whose superficial area is small, but which penetrates deeply. What I told you in the first lecture of the inability of mercury to produce iritis is true now in its symptomology; we have no symptoms of iritis at all characteristic, and I must tell you that I have rarely if ever found in any preparation of mercury the similium of that disease; its clinical record in iritis is, to my mind, a legacy of the worst form of Allopathic therapeutics; the basis of its prescription is the attempt to prevent, by saturating the system with mercury, the formation of adhesive exudations, from which arose a similar theory that led to the long-since abandoned use of calomel in pneumonia, in which it was attempted by a complete saturation of the system to prevent the hepatization of the lung. I have seen scores of lives sacrificed to calomel, and have seen scores of eyes sacrificed to the same drug, because its tendency to the production of destructive processes is extremely great. On the other hand, bryonia in the earlier stages, and iodine and a few drugs related to these, work most miraculously in inflammations of the eyes. Bryonia and iodine are more particularly adapted to the form of inflammation characterized by fibrinous exudation; Gelseminum to the form with serous exudation. The intolerance of fire-light, which has proved a very important symptom, has led to the use of mercury in retinitis, especially in retinitis which occurs in men who are exposed to a strong fire-light, as in iron foundries.

In the ear the characteristic symptoms are a feeling of stoppage and a feeling of internal soreness, as if raw, and a roaring; the feeling of stoppage and of internal soreness as if raw, have led to the use of mercury, for inflammation of the external auditory canal characterized by ulceration with bloody purulent discharge; which is apt to be offensive and excoriating, but the offensiveness of the mercurial discharge from the ear is not so great as that of tellurium, which has an intolerably fetid odor, both in eczema of the auricle and in eczema of the face; but the mercurial eczema ulcerates more, and has a more bloody discharge. These ear cases of mercury are all worse at night. All symptoms of impaired hearing lead to the use of mercury in diseases of the middle ear and in catarrhs of the eustachian tube associated with sore throat, and in such diseases when the other symptoms correspond, mercury is found to be a very useful remedy.

In the nose we find the same tendency to ulceration and destructive inflammation of the tissues. The discharges are acrid, there is apt to be an offensive odor and the nose is sore when touched. You will notice a constant recurrence of soreness, of acrid discharges and of ulceration. Mercury is a very frequently indicated remedy in coryzas, always with excoriating discharge, and the discharge always mucus in character and not pure water; this distinction must be carefully made; the pure watery discharge indicates allium cepa, euphrasia, arum tri. arsenicum, etc., but not mercury. The discharges of mercury are thin mucous, not thick, as in pulsatilla or kali bich. and some other drugs. In old catarrhs, in which there is denudation of the mucous membrane, in which the inflammation extends to the maxillary sinuses and even to the jaws, we may find a remedy in mercury, but in my experience mercury is rarely if ever useful in necrosis of caries of the nose; when the trouble gets so deep as that, you will look to aurum or platinum, or some other drug than mercury.

In the mouth, you will remember what I told you of the action of mercury on the saliva, and it is rare indeed to find a patient requiring mercury who does not have more or less salivation, or whose secretions in general are not increased in quantities, especially from the mucous membranes, glands and skin. The lips become sore and ulcerating, aphthous patches form with free secretions. In this respect we must compare

mercury with phytolacca, which is wonderfully like mercury; it might almost be called vegetable mercury, because its action upon the glands and mucous surfaces is so similar to that of mercury. It is particularly useful in stomatitis, when, like mercury, there is salivation and superficial ulceration. One marked indication of mercury is the fetid odor from the mouth and the coppery taste; these are marked.

The toothache of mercury is so common that we must not forget it. The teeth are very sore, they feel too long, and the pain is always aggravated at night. There is true inflammation about the roots of the teeth and the formation of pus. Abscesses at the roots of teeth are often prevented by the timely use of mercury. Mercury must only be prescribed when there are marked nocturnal aggravation, increased salivation, swelling of the glands, the soreness and elongated feeling of the teeth. The gums are swollen and bleed easily on brushing, and after a time the gum atrophies and becomes retracted from the teeth. This retraction of the gum is one of the most obstinate diseases with which dentists have to deal, and it will sometimes be indicated by mercury, sometimes by aurum, sometimes by other constitutional remedies.

The mercury tongue is, as a rule, swollen and inelastic, sometimes moist and spongy, generally takes the imprint of the teeth; rarely in low fevers is it dry; it is nearly always moist and there is nearly always increased thirst.

The throat symptoms of mercury are numerous and marked; the patient is obliged to swallow constantly, and while there is increased accumulation of water in the mouth there may be dryness in the throat, but there is always soreness, and there is always great soreness, externally; this is a *sine qua non* of mercury; this external soreness may be associated or not with soreness of the sub-maxillary glands. While mercury is very frequently indicated in sore throat of various sorts, I can but think it is used too much by Homœopathic physicians, and that the symptoms do not call for it as frequently as it is prescribed. To be sure, we have the proto-iodide of mercury indicated in ulcers of the right side of the throat, with enlarged glands, with a heavily furred tongue; the dento-iodide is more generally indicated in disease of the left side with mercury symptoms. Iodine being a left-sided disease, and the more of iodine in mercury the more left-sided it becomes, overpowering the right-sidedness of mercury; but while it holds good in some cases it is not a very safe guide in practice, and while there is no doubt that the proto-iodide of mercury particularly is of great value in our ordinary cases of tonsilitis, with external soreness with fever, especially with a tight headache, it is certainly true that we neglect that prince of remedies for sore throat, baryta, and I must say that when the external glands of the neck are swollen sympathetically, and the patient has fever and the tonsils are much enlarged, I find the greatest benefit from iodide of baryta. Frequently in diphtheria we find no preparation of mercury indicated; the diphtheritic process is not homœopathically met by the mercurials; only in some severe form of nasaopharyngeal diphtheria with profound prostration, with a cyanotic hue about the lips, with feeble pulse, moist skin, will you prescribe the cyanide of mercury. In syphilitic ulcerations about the arches of the palate and root of the tongue, the nitrate of mercury has been prescribed sometimes. My own experience is that nitric acid does the work; we have the sharp, stinging pain of nitric acid, and there is in nitric acid a tendency to ulceration, as in mercury.

In the stomach and gastro-intestinal canal generally, in addition to the symptoms to be derived from the tongue, saliva, odor, etc., you will rely very largely upon the external soreness; the epigastric region is sensitive, the hypochondria are sore, the whole abdomen is distended and sore; and you will find in mercury a picture of inflammation of the gastro-intestinal canal with mucus discharges. The soreness over the region of the liver certainly points to inflammation of that organ, and there is no doubt that mercury produces true hepatitis. There is also no doubt that mercury diminishes the flow of bile, while it produces an increased discharge of intestinal mucus. The old notion of the action of mercury upon

the liver must be modified. In patients suffering from this soreness in the region of the liver you may find distinct bryonia symptoms, dryness of the mucous surfaces, constipation, dry mouth with thirst, no nocturnal aggravation, but relief from lying on that side to keep it quiet by preventing dragging, which follows when lying on the opposite side. These are very distinct from mercury, which presents a similar soreness, but all the collateral symptoms differ from bryonia. There are other remedies, but we cannot stop to dwell upon them.

The discharges from the bowels of mercury are, with their concomitant symptoms, extremely characteristic, and mercury is indicated in various forms of inflammation of the intestinal tract, whether high up or low down. One symptom that runs through all of them is straining after stool, less marked in mercurius dulcis, most marked in mercurius cor. The discharges are more or less mucus in character and the mucus is variously colored, sometimes greenish, at other times whitish or yellowish, sometimes bloody. So you frequently will see in some preparation of mercury the homœopathic remedy for various forms of catarrhal inflammation of the bowels often associated with ulceration, or in dysentery often with ulceration. But this bit of generalization should not be so abominably misused as I fear it too often is. There are many other drugs with mucus discharges of various sorts besides mercury, and many other drugs for dysentery, and you may commit the great mistake of persisting in giving mercury, and letting your patient die, when he should have some other remedy and get well. The mercury patient always presents the general symptoms that I have detailed, always the nocturnal aggravation, the ptyalism, tongue, etc. Mercurius dulcis is not infrequently indicated as the proper mercurial to give when one is needed for the green mucus stools of teething children. The indications are very slight tenesmus with perspiration and nocturnal aggravations. You must not repeat the dose frequently. Another warning, you must not prescribe mercury too early in a case of dysentery; it is my experience that it is rarely indicated in the febrile stage of that disease or when the blood is very profuse. Mercurius cor. is usually characterized by intense vesical tenesmus associated with the rectal tenesmus. The one comparison, which perhaps I should make at this point, is podophyllum, which is indicated in the later stages of dysentery; but podophyllum has this peculiarity, that there is very frequent prolapse of the bowel previous to the evacuation of stool, and the straining at stool is more excessive before than after the evacuation. Podophyllum may have the right-sided pain, the soreness over the hepatic region, the heavily furred tongue, etc., of mercury, but it lacks the nocturnal aggravation, the easy perspiration and ptyalism, which characterize the remedy under consideration. But we will not dwell longer here; we might spend hours in comparisons with remedies for mucus discharges from the bowels.

We must pass to the consideration of the urinary apparatus. There is perhaps no drug which produces so uniformly inflammation of the kidney as mercury, and we find the symptoms of inflamed kidney present in the provings of mercury, particularly in the soreness over the region of the kidney, pains in kidney and bladder; and the examination of patients suffering from inflammation of the kidney, acute and chronic, frequently develops the general symptoms of our drug, with which you are now perfectly familiar, the tongue, the odor from the mouth, the nocturnal aggravation, the easy perspiration, the thirst, the sensitiveness to cold, soreness over the gastro-intestinal tract, over the liver, etc.; when these symptoms are present in any form of nephritis, mercury will be indicated, but for the love of your fellowmen, do not hasten to give mercury because you have made a diagnosis of nephritis; I believe many lives have been sacrificed by this mistake. Always bear in mind that many other drugs will produce nephritis, and that there are some other drugs which will cure nephritis which have not been known to produce it. I have found the proto-idide of mercury valuable sub-acute nephritis, when, in addition to other in mercurial symptoms, there was present a per-

sistent pain in the vertex. I have found mercurius. cor. useful where there was strongly marked vesical tenesmus. I often prescribe mercurius viv. in chronic nephritis, if there are the habitual tongue, the epigastric soreness, soreness over the region of the liver particularly marked, and stools deficient in bile, for while mercury is not, as I have said before, a cholagogue physiologically, it is certainly curative homœopathically. For inflammations of the bladder mercury will sometimes be useful when there is a large amount of mucous and vesical tenesmus.

Hahnemann says, in his Symptomology: "Greenish, painless gonorrhœa, especially at night," and in his *Materia Medica* we also find, but it is probably clinical, "suppuration between the glans, penis and prepuce, with heat, redness and swelling," and following him mercury has been prescribed for late stages of gonorrhœa and venereal ulcerations. I believe I once saw a terrible case of erosion of the penis checked by mercurius sol.; the patient stated that there were no symptoms during the day time, but every night there was a gnawing sensation, and he vowed every morning that a portion of the penis had been eaten away during the night; he had already lost half of that organ when mercury was prescribed and the disease was checked. But of all the remedies for ulcerations about the penis, nitric acid is the most frequently indicated; that and kali bich. will probably be your stand-bys in superficial diseases of this organ.

In the female genitals, I will simply speak of leucorrhœa, which, like all mercurial discharges, is excoriating and which is aggravated at night. Mercury has been found useful in ulcers of the female genitals with mercurial symptoms.

In the respiratory apparatus it has a rather limited sphere of application. The cough, sometimes dry, is usually associated with stitches in the right side of the chest, extending through to the back, and this sometimes reminds us of calcarea carb. Calcarea has sharp pain in the side of the chest, but as a rule there is none extending to the back, and it is not in the upper part but more at the sides. The calcarea stitching is like that of mercury, but the calcarea patient has a very loose cough in the morning, not much at night; the mercurial patient is distinctly worse at night; the calcarea patient sweats about the head, the mercurial all over, and yet there are many other mercury symptoms which are not at all like those of calcarea. While mercury may sometimes be useful in bronchitis or pneumonia or in phthisis it is rarely prescribed except to relieve temporarily mercurial symptoms which arise during the progress of these diseases. When indicated in pneumonia, it is in the right side and is generally associated with diarrhœa or with inflammation of the liver. In this connection we must not forget chelidonium, which is often extremely valuable in right-sided pneumonia complicated with jaundice and inflamed liver.

As regards the circulation of the blood and fevers, we may remark in general, that coldness and tendency to perspiration are much more marked than heat. There is indeed in mercury patients rather rarely heat of the skin, the pulse is, as a rule, full and soft, and there is not a marked nocturnal recurrence of fever, and indeed mercury is rarely indicated in true intermittent fever; its pernicious effects in these diseases are exemplified in the southern and southwestern portions of our country, where calomel is given in an unsparing and thoughtless manner, generally in combination with quinine.

In the extremities in general, we find a general weakness and weariness in all limbs, a tremulous condition of the extremities, soreness of the flesh and more or less pain, which is not definite in character. The pains are simply characterized by coming on as soon as one goes to bed, when they banish sleep, and it is this nocturnal recurrence of pains in various parts of the body and of various sorts, that constitutes almost the only argument in favor of the homœopathicity of mercury to syphilis. It is true that mercury will sometimes relieve these tearing nocturnal syphilitic pains.

Mercurial patients are weak; they are all sensitive to cold air; they all perspire easily; the glands are apt to be swollen, the skin is apt to be sore in spots, especially in places where rubbed, particularly as the skin is apt to be moist. In ulcerations the edges become averted and bleed. There are suppurations, especially

of glandular swellings. In these respects mercury is wonderfully like hepar ; indeed, the two remedies are very similar in many respects. The hepar patient sweats easily, is extremely sensitive to the air, and there is a great tendency to suppuration and formation of pus ; the hepar patient, however, is not worse at night, as the mercury patient is, and there are other points of distinction.

I find I must close abruptly here. I think I have given you the main effects of the drug and some of its more important applications. Always carry in mind a few of the different characteristics of the drug ; never forget its nocturnal aggravations, especially of all the pains ; its free secretions, especially the easy sweating ; its sensitiveness to cold ; its marked destructive action upon the skin and mucous membrane ; the superficial character of most of its pathological processes.

Obituary.

PROFESSOR ADOLPH LIPPE died at his residence, No. 1204 Watnut street, Philadelphia, on January 22d, after a three days' illness of typhoid-pneumonia.

This notice comes to us just as we are going to press. Homœopathy has always looked up to Professor Lippe as a great teacher, which he truly was in the best sense of the word. His contributions to our knowledge of the *Materia Medica* are standard wherever Homœopathy is known, and will be valued the more, now that their talented author has gone.

His reputation spread all over the world and he was recognized as a master.

The loss is a great one ; one we know not how to fill.

Dr. Lippe's parents were Count Ludwig and Countess Augusta Zur Lippe. He was educated at Berlin for the law, but came to America in 1839, studied and graduated at Allentown, Pa., in 1841, and for many years filled the chair of Materia Medica in the Hahnemannian Medical College of Philadelphia.

Bryonia.

A CASE RELATED BY PROF. ALLEN.

BEFORE commencing the consideration of arsenic, I will propound to you a clinical problem.

A young man, twenty years of age, of rheumatic diathesis, inherited a tendency to chronic rheumatism from both father and mother. Having had frequent slight attacks of the disease, he was taken with inflammatory rheumatism. This developed in the joints of his lower extremities first, shifting about from one joint to the other.

It was never associated with a high grade of fever, his temperature at no time being above 101 and his pulse never above 108.

The disease was wholly sub-acute in character.

He had the remedies, as indicated, from day to day, but at no time bryonia. He had such remedies as lithia, calcarea, colchicum, pulsatilla and sulphur.

They sent for me in haste early one morning. I found his pulse 126, temperature 103. There were little round spots of bright red blush on each cheek. He had passed a very distressing night, had suffered but little pain, but complained of distress across the lower part of the chest.

These were his symptoms : pain across the lower portion of the sternum on breathing. This pain extended to both shoulders, more especially the right shoulder. Throwing the chest forward gave him real relief. He could not lie on his side. He had suffered pain in the occiput which was especially aggravated on moving the head. He was thirsty, and he had also a symptom which I did not pay any attention to, viz. : a gurgling as of water in the larger curvature of the stomach.

On applying my stethoscope, I found rough, grating sounds over the region of the heart, with both systole and diastole. It was heard less at the apex than at the base, and sounded like two sheets of sand paper rubbed together.

What would you consider to be the remedy? Will any one suggest a remedy? (A student): "Bryonia."

No other remedy could possibly be indicated. Every symptom was bryonia, even the inability to lie on either side. I gave him some Bryonia, in the 6th, in water, and that evening he was just the same.

On the next day I went to see him early. He was no better, but worse. The redness had extended over the face. His temperature and pulse were about the same.

The diagnosis was what?

It was simply pericarditis. Bryonia was still the remedy. The boy had shown himself throughout the attack sluggish in temperament, responding slowly and imperfectly to medicines. So much so that when he was suffering some pain in the back that seemed to call for cimicifuga, and I gave it to him in the 6th, it did no good, while the tincture relieved immediately.

So I gave him bryonia in the 1st, in water, and left directions for him to take it every half hour until relieved. I also left some powders of sugar of milk, with directions to take these after the other remedy had relieved the symptoms.

After taking three doses of bryonia (1st) nearly all the pain disappeared from his chest. His temperature fell two degrees, and the next morning I found that he had turned over and slept on the right side all night, and there were no rubbing sounds in the heart.

I thought I would tell you the case in order to show you how we get at the symptomatology and how beautifully the proper remedy acts.

If the patient had been made worse after taking the bryonia, 6th, then I would have gone higher.

Ferrum Picricum.

BY ROBERT T. COOPER, M.D.

THE effect of *Ferrum picricum* in causing the dispersion of warty growths is so obvious that I have hopes it will prove of use in the more obstinate forms of epithelial excrescences.

A lady of about thirty, who was under my care for deafness, directed my attention to the number of warts that were coming on her body. There was a group of considerable-sized seedy warts on the back of the left shoulder (six months' duration); two on the right side of the neck, close together; one on the chest, one on the knuckle of the left thumb (two years), and a pimply condition of the skin of the stomach as if others were about to form.

Ferrum picricum in third decimal dilution, a drop given every day, took away every one of these; they gradually went away, that is, while taking this remedy.—*Homœo. World.*

Societies.

Hahnemannian Society.

THE fourth meeting of the Hahnemannian Society occurred January 11th, President Jewett in the chair. Three new members were admitted.

ROLL CALL.

Reading of minutes of November and December meetings, which were accepted.

Hinman, '88, read a paper, subject: "The Selection of Remedies."

MUSIC BY GLEE CLUB.

Paper presented by Sawyer, '88, subject, "Pleuritis."

History of a case of Dutch Hydrophobia, given by Woodruff, '88.

Woodruff, Clausen, Kastendieck, Holly and McGraw discussed the above-mentioned papers.

Dr. J. P. Rand, of the class of '83, favored the society with a few remarks.

Solos by Bryan, '90, assisted by the Glee Club. Pianist, E. S. Smith.

Election of quiz masters resulted in the re-election of the Seniors.

Parker, '88, elected for the chair of Laryngology.

JUNIORS.

Lewis, Anatomy.
Hardy, Medical Jurisprudence.
Wilcox, Histology.
Jenkins, Pathology.
Ackerman, Physiology.

Iler, Chemistry.

In the remaining branches the former masters were re-elected.

Piano Solo, Lewis, '89.

Report of Committee on Prof. Helmuth's Sunday lecture.

Treasurer's report accepted.

Solo by Platt, '88.

Adjourned without roll call.

A. A. HOAG, Secretary.

Library Notes.

MR. C. T. HURLBUT "collared" one of the Committee who happened in his store, the other day, and made him happy by giving to the library several valuable volumes.

THERE are still a few backward subscribers among the students. The Committee is much in need of money for the purchase of books that ought to be on our shelves. So far they have only come across one student who has positively refused to have anything to do with the affair, and they hope that all others who are behind will brace up.

THERE was quite a boom in the sale of second-hand books in the Library, a few days ago, at which time was sold every duplicate copy of "Transactions," and with few exceptions all the other books which the Committee wished to dispose of. We are glad to see that our notice in the last number of THE CHIRONIAN was heeded.

DR. BEEBE notified a member of the Committee, a short time since, that he would soon make a donation to the Library, in the shape of new books. The Doctor has before shown his interest in a substantial way, and by his continued attention to our needs shows a spirit which the Committee would like to see imitated by other friends of the institution outside of its professors.

AMONG other gifts this year may be mentioned the library of the late Dr. George. M. Smith. No more fitting place for it could have been selected than the college where he was so well known and so popular.

Notes.

WE would call the attention of those of our subscribers who have not paid their subscription price for this year, to the fact that in a previous issue we enclosed bills for same; and that, as it costs us money to print the paper, their early attention to above mentioned bills will accelerate the motions of the printer, gladden the hearts of the editors, and lighten the load of care whichnow rests heavily on the shoulders of the business manager.

THE editor of the *Niagara Index* is greatly alarmed at the matter which appears in THE CHIRONIAN—thinks its influence on the literary student bad, whom, he argues, should be ignorant of such matters. Children have been running the *Index* about long enough now. We would advise the students to get a man there, and a man whose moral structure will not be shaken by reading a medical journal. For the children, we would advise their being sent home and fed on some brain-producing food, and plenty of innocent, playful amusement, and kept from talking about their betters.

IN the *International Surgical and Medical Synopsis*, for January, we notice that its article on the treatment of pneumonia, contributed by several physicians, contains the Homœopathic treatment, side by side with the Allopathic. As the *Synopsis* is an old-school journal, we are somewhat surprised, but congratulate the editor on his display of good judgment and common sense. Keep it up, brethren, and you will soon be out of the wilderness, and practicing Homœopathy pure and simple.

Original Translation.

THE development and the present condition of our knowledge of thrush. The clinical knowledge of thrush dates back to the time of Hippocrates, in whose writings we find an excellent description of this disease of the mouth; its ætiological character was, however, entirely unknown; consequently all affections of the mouth in children were comprehended under the name apthæ.

For nearly two centuries no development was made, although from the etymology of the popular word, schwämmchen (little mushroom), we infer that its nature was suspected, and Boerhave and Van Swieten both pointed out its infectious nature ; yet it was our century that first brought the decided proof.

The improvements of civilization that opened the path for discovery could not overlook the department of parasitical investigation, and so to-day we possess a number of so-called results, which, as the fruit of earnest work, deserves careful attention; yet by no means have they brought to light the darkness that surrounds this frequently occurring affection.

The first productions of any note were four prize essays which were written at the time of the beginning of the Medical Academy of Paris, when thrush occurred in its worst form at the Foundling Asylum. Their works show that the one question of importance was whether the disease was identical with syphilis or analogous to a process of ulceration. Since that time they have given the affection in France the name muguet (German maiblume), from the color of the membrane in thrush. Our German word soor is derived from an oider stem, which means "to wither," and signifies the decay of the thrush membrane.

Later, Jahn and Buchner gave their personal experience with the thrush that occurred among children dwelling in houses infected by wood fungi, and, since they assigned the cause to this, they held that the frequent occurrence of the affection among those that lived in low, damp houses was explained.

The extended use of the microscope first led to a clearer understanding of the subject when Bernard Langenbeck discovered fungi in the mouth, œsophagus and intestines of a patient that died of typhus fever, but it was Berg who confirmed the intimate relation of the parasite to the thrush. To him we are still indebted for an authentic review of the morphology of the thrush fungus, the fruit of his experience in the foundling asylums of Paris and Stockholm. He gives clearly the clinical history in its relation to the fungus. Most of his experiments were undertaken to prove the transmissions of the affection from mouth to mouth.

In 1847 and 1853, the works of Robin were published ; he attempted to systematize the parasites botanically ; he identified the thrush fungus with the odium lactis, the conductor of milk ferment. This view met with much opposition, Hausmann in his noted book on the parasites of the female generative organs, being the only one to accept Robin's theory.

The next important investigations were made by Rees and Granitz ; the former held that the thrush fungus was analogous to that of muscle sugar ; the latter proves by his experiments with a decoction of plum juice, and also with sour cabbage, that the thrush fungus is identical with the microbe of urine. He also experimented by feeding very young dogs on milk that contained thrush spores ; by this means he attempted to produce in them the thrush. (Upon critical examination of this experiment we find that in one case only of gastro-duodenal catarrh—five of the animals experimented on died of gastro-enteritis—did the thrush occur in the mouth or the beginning of the digestive tract; consequently the proof of this experiment has no weight.)

Rees was decidedly opposed to the view of Granitz, and in 1877 appeared his work, entitled "Are Thrush and Mould Fungi Identical?" in which he proves by many interesting and convincing experiments that the change of thrush into mould fungi does not take place even under favorable circumstances.

Before this Burchardt had attempted to prove that the spores of the thrush were spherical and the capsules filled with yeast cells. Rees held that these spores were simply the epithelial cells of the mouth, and this theory was confirmed by Kehrer, who made several experiments at the Heidelberg Lying-in Hospital, where the disease frequently occurred.

The next publication was that of H. C. Plant. He made his experiments with galatine and pieces of apple, and found that both yeast and muscle cells were especially abundant at a temperature of 37°–40°C. He also, by the introduction of the thrush fungi into the opened crops of hens, produced a luxurious

growth of germs, but his experiments in feeding dogs and hens upon food filled with thrush germs led to no positive result. He now decided there was a great difference between sugar and thrush germs; the cells of the former were elliptical, the latter spherical, and he concluded that there was no ground for identifying the two germs. The germ of muscle sugar be held was frequent in cow and sheep manure, in the rubber nipples of nursing bottles, and in the milk of cows and sheep.

Stumpf advanced still another theory, that thrush is composed of two fungi; one formed of yeast cells, the other of fibres; but the experiments of Baginski in the office of the Health Department proved his view false.

Klemperer has given a very interesting and praiseworthy account of a series of experiments performed by him under the guidance of Leyden. By injecting the thrush germs into the veins of young dogs he produced a deadly sickness analogous to that caused by the aspergillus. This work contains everything important on the subject and closes with a warm defense of the experiments of Granitz, without bringing any proof of their accuracy.

The experiments of Plant incited Granitz to another trial by the application of the modern methods of breathing, and he was convinced, by injecting both the thrush fungus and the wine microbe into the veins of dogs, that there was a difference in their pathology. However, he was not inclined to accept Plant's views, since he did not consider the proofs sufficiently reliable.

Plant next brought forth a copiously illustrated work, which opens with the morphology of the thrush germ and the microscopic observation of its growth; although he throws no light upon the structures found by Granitz and Kehrer, he holds them to be the same as the involution forms of the botanist Zimmermann. He identifies the thrush fungus with the monilla candida of Bonorden, with which he experimented, having obtained them from the Botanical Institute of Leipsic, where they had stood for ten years and nine months. He asserts that the thrush germ will not penetrate uncut mucous membranes; that certain antiseptics will destroy it; consequently, if used in the proportion of 1:1000, they will prove effectual means to prevent its increase.

This lead to a discussion between the author and Granitz, which, however, brought forth no important result, and since that time nothing new has been produced to throw any light upon the origin of the germ that is still veiled in darkness. So long as no attempt is made to firmly establish the nature of the germ or to systematize it bontanically, so long will the question remain unanswered.—*Centralblatt für Kinderheilkunde*, No. 16, 1886. "*Home Journal of Obstetrics, Gynæcology and Paedology.*"

A Nebraska Doctor's Certificate.

THE following certificate, of which we hold the original, was written by a Nebraska doctor, who is famous for his cheek and cunning, and enjoys a large practice in his place, being known for a hundred miles around. The orthography is his own, also the new medical terms:

"—— ——, Sept. —.

"This is to certify, that Mrs. —— did not die with Bright's disease of the kidneys, but of a Volular Alisasi of the Heart, also a gastric condition of the stomach, and Pneumonic Typhoid, attended with a malarial base."

That is the kind of a man who has a license to practice in Nebraska, and yet the Chicago *Inter-Ocean* thinks we should have free trade between the United States and Canada in the matter of doctors.—*Canada Lancet.*

College Notes.

WHO *would rough* it with a *Hin*-(doo) *man?*

WE congratulate Parker on his speedy recovery from threatened pneumonia.

LIVER, *à la* White, will form the diet of '89 and '90 for the next ten weeks.

EIGHTY-NINE contributed to the flower fund for Prof. Moffat during his illness.

DENNISON, '89, appeared for the first time this session at the clinic, January 4th.

SNYDER, '87, was present at Dr. Helmuth's Clinic on Wednesday, January 4th.

A DIVISION of twenty is at present working in the Chemical Laboratory; the largest on record.

EDWIN G. OGDEN, formerly an electrician in Chicago, has become a member of the Junior Class.

WHO saw a dignified Senior honored by some fair maidens with a ride on a sled, on Second Avenue?

J. H. McClelland, '77, is at present attending a few Lectures and doing some dissecting, etc., at our College.

PROFESSOR: What is anchyloglossus?

Student:———

Professor: You have it yourself.

BALL boasted that he was the tallest man in College, but since our addition from Tallahassee, he realizes that he is only a pigmy.

W. J. FLINT distinguished himself at Professor Helmuth's clinic by answering a question in anatomy that had passed several of the Seniors.

We are pleased to announce that Professor Moffat has returned from South Carolina much improved in health, and has resumed his Lectures.

AT the last meeting of the Kings County Homœopathic Medical Society, J. L. Moffat, '77, was elected President, and R. K. Valentine, '75, Secretary.

McG——w, January 20th, A. M.:—"About the 1st of February."

Midnight, same day:—"'T is all over, but better late than never."

SCENE: Dining-room. Medical student raises a bottle of Worcestershire, and proposes a toast. Young lady exclaims, "Don't drink that; it might not agree with you." (*Original Fact.*)

A CERTAIN amount of respect is due every professor. It certainly is very disrespectful, to say the least, for even a *fresh-man* to occupy a seat in the lecture room and smoke *during the lecture.*

THE class in Histology manifests a great longing to acquire a knowledge of the hidden mysteries of that subject. Some, however, had better master a few of its first principles before going deeper.

The Throat Department also has a good attendance: F. H. Munroe, '86; C. A. Groves, '81; J. O. Chase, '87; I. Townsend, '87; H. F. Nichols, '86; B. W. Stilwell, '87; J. B. Dowling, '86, and C. Schumann, '87.

WILLIAM, the Superintendent of the dissecting room, is never happy unless he sees all the tables occupied by some one of those unfortunates who are sent to the College from 26th Street, and who are labeled *No friends.*

THE following graduates are attending the Eye-Course at the Ophthalmic Hospital College: C. P. Elebash, '84; W. U. Reynolds, '86; W. W. Heberton, '85; G. R. Bowen, '87, and T. M. Stewart, of Pulte College, Cincinnati, Class '87.

THE Vice-President of the Hahnemannian Society spent several days of his vacation in Washington, presumably to familiarize himself with the workings of parliamentary bodies. Next year *Cushing's Manual* will have no weight compared with his rulings.

"DOCTOR, can you tell me what will prevent my food from hurting me?"

"Nothing easier; don't eat it."

"Ha! ha! very good joke."

"Not at all; three dollars, please. If you have any further trouble, come again, and we will try some other course."

ONE thousand and seven men graduated from the New York Homœopathic College, since its foundation in 1861. Four hundred and forty-two are active members of the Alumni Association, and of the fifteen surviving members of the class of '61, twelve are subscribers to THE CHIRONIAN.

RECENTLY a child was brought before the class wearing Prof. Wilcox's splint for Genu volgom. The method of applying pressure to the knee is better than that of any of the numerous appliances on the market. A cut of

some with full description will appear in the *North American Journal of Homœopathy.*

"DOCTOR, what do you think of the new treatment for consumption, by injecting carbonic acid into the rectum?"

"Well, it certainly distracts the mind of the patient for a while, and may do good by its moral effect by making him think of his latter end; he becomes, as it were, conscious of his rectum, as the schoolboy rendered *mens conscia recti.* He may even 'bacilli' enough to cherish the hope that he is getting cured, and is taking a short cut to health over this *pons asinorum,* but I regret to say that I think it will end as it began—in gas."—*Medical World.*

WHENEVER Dr. Beyea ascends the long flight of stairs leading to the amphitheatre, in a great hurry, every one knows that an increase in the population of the city of New York is going to happen in a short space of time. Two students are invited to assist him in his arduous work, and upon their return the first inquiry is, "*Was it a boy or a girl?*" The thanks of the Senior Class is due Dr. Beyea, for the efforts he makes in giving the students so many opportunities to be present and assist in the delicate operations an obstetrician is called upon to perform. His presence in the sick chamber inspires the student as well as the mother with confidence, knowing the best care will be exercised to relieve the suffering of the mother and insure the safety of the child.

THE surgical demonstrations on the cadaver are very popular among the Seniors at present. Here the student has to perform the operation himself before the assembled class and Professor Wilcox. Chopart's operation is a familiar one to most of the students, but when the student discovers a similarity between Chopart and Poupart, he is apt to require a little prompting.

The present class are doing well, and many of the class who devote their Saturday afternoons to the knife and cadaver will date their success from the days they spent in the dissecting-room. Five cadavers have been used during the past three weeks, and two more are on the tables. With this material provided, and the operations kept under the able superintendence of Professor Wilcox, the students should go from this College well equipped with a knowledge of practical surgery, especially when he is detailed many times during the session to witness operations at the several Hospitals in the city.

DOCTORS, like other mortals, must have an occasional rest from the steady grind which their duties impose upon them. The staff of the Brooklyn Homœopathic Hospital took a few hours' breathing spell a few days ago. They met to elect officers and enjoy their annual banquet. B. E. Mead, '79, was for the fifth time elected President, and W. E. McCune, '85, Secretary.

At nine o'clock there sat down at the banquet table Drs. H. Willis, E. Chapin, '78, B. E. Mead, '79, G. H. Palmer, W. E. McCune, '85, W. S. Rink, R. K. Valentine, '75, G. H. Doty, '84, W. H. Pierson, '83, N. Robinson, '85, W. C. Latimer, '81, J. M. Thompson, J. L. Moffat, '77, A. G. Warner, '83, W. B. Winchell, '86, H. J. Pierson, L. W. Bolan, '85, O. S. Ritch, '78 and J. J. Pruden, D.D.S., W. P. Manaton, '86. Dr. Willis read a carefully prepared paper on certain abuses which had crept into existence, and against which all honest doctors were working. It was a late hour when the good doctors dispersed, happy in the contemplation of another good deed well done.

As far as we could ascertain, the members of the class of '87 have located as follows:

M. J. Adams, 175 Grand Avenue, New Haven, Conn.

D. H. Arthur, State Asylum for Insane, Middletown, N. Y.

F. W. R. Benedix, 162 Allen street, New York City.

A. W. Bergen, Homœopathic Hospital, Ward's Island, New York City.

G. R. Bowen, 229 East 19th street, New York City.

J. B. Best, Englewood, N. J.

J. A. Bigelow, 211 East 106th street, New York City.

J. K. Bucklyn, Mystic Bridge, Conn.

W. H. Bleecker, 159 East 109th street, New York City.

C. T. Burtis, 471 Halsey street, Brooklyn, N. Y.

J. O. Chase, Homœopathic Hospital, Ward's Island, New York City.

James Crooks, 500 West 159th street, New York City.

H. L. Carr, 471 Halsey street, Brooklyn, N. Y.

J. B. Dudman, Yarmouth, N. S., Canada.

E. D. Fitch, 173 Main street, Worcester, Mass.

R. P. Fay, Homœopathic Hospital, Ward's Island, New York City.

J. W. Gill, Flushing, N. Y.

W. T. Helmuth, Jr., 299 Madison Avenue, New York City.

N. A. Haughton, 544 Columbus Avenue, Boston, Mass.

F. B. Kellogg, Homœopathic Hospital, Ward's Island, New York City.

M. A. Lewis, Homœopathic Hospital, Ward's Island, New York City.

H. B. Minton, 165 Joralemon street, Brooklyn, N. Y.

F. L. Montgomery, Homœopathic Hospital, Cumberland street, Brooklyn, N. Y.

C. W. Mueller, 103 East Fourth street, New York City.

A. L. Nelden, Jersey City, N. J.

W. R. Nevin, 7 Somers street, Brooklyn, N. Y.

H. F. Nichols, 267 Washington street, Hoboken, N. J.

E. M. Olmstead, Sayre, Pa.

J. J. Russell, Homœopathic Hospital, Ward's Island, New York City.

J. O. Reed, State Asylum for the Insane, Middletown, N. Y.

C. Schumann, 212 Hudson street, Hoboken, N. J.

C. F. Snyder, 22 Cottage street, Jersey City, N. J.

A. C. Stewart, Reading, Pa.

B. W. Stillwell, Yonkers, N. Y.

A. I. Thayer, 516 Broad street, Newark, N. J.

J. Townsend, Five Points House of Industry, New York City.

W. H. Van Denburg, Astoria, N. Y.

P. R. Watts, Stafford Springs, Conn.

W. C. Woodruff, Boonton, N. J.

C. A. Ward, Binghamton, N. Y.

THE CENTURY FOR JANUARY.

ATTENTION is called to the great variety in the table of contents of *The Century* for January. Its subjects embrace an authoritative account of the formation of Lincoln's Cabinet in the history by the President's private secretaries, with many unpublished letters; Mr. Kennan's startling record of personal investigations of "Russian Provincial Prisons;" Professor Atwater's valuable and practical paper on the "Pecuniary Economy of Food;" an illustrated article on "The Catacombs of Rome," by the Rev. Dr. Philip Schaff; in the drama, a biographical sketch of John Gilbert, with portraits by J. W. Alexander; in art and literature, a critique and personal sketch of John Ruskin, by Mr. Stillman, with an excellent portrait for the frontispiece of the number; in sport, "An Elk-Hunt on the Plains," by Schwatka, with drawings by the younger Inness; in travel, "The Upper Missouri and the Great Falls," by E. V. Smalley (illustrated); in fiction, contributions by Cable, Eggleston, Stockton (a sequel to "Mrs. Lecks and Mr. Aleshine"), and by the author of "Sister Todhunter's Heart," H. S. Edwards; four pages of war aftermath; letters on Industrial Education in the Public Schools from superintendents who have tried it; in sheer fun, a play by Mark Twain, entitled "Meisterschaft;" shorter articles on "The American Book"—a plea for international copyright by Mr. Cleland of Indianapolis; on "A Southern Man Ahead of his Time." (J. R. Pettigru); on the Piedmont Exposition; on "Hawthorne's Loyalty," etc., etc.; a large variety of poems from different parts of the country, contributed by James Whitcomb Riley, Langdon Mitchell, John W. Chadwick, Charles G. Roberts, William H. Hayne, Robert Burns Wilson, William Young, Charles H. Webb, Walter Learned, Frank D. Sherman, and others.